

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street)

655 Beach Street

☐Check if different
than previously
reported. (ACC)

San Francisco

CA

94109

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00196246

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

☐☐☐in the
State of☐(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

04

01

2011

through

04

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Steven Rausch

Signature of Treasurer

Electronically Filed by Steven Rausch

Date

05

16

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2011	353076.28
(b) Cash on Hand at Beginning of Reporting Period	273316.38	
(c) Total Receipts (from Line 19)	95739.88	174126.36
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	369056.26	527202.64
7. Total Disbursements (from Line 31)	10076.05	168222.43
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	358980.21	358980.21
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	4	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	85678.73	141239.53
(ii) Unitemized	10061.15	32861.83
(iii) TOTAL (add Lines 11(a)(i) and (ii)	95739.88	174101.36
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	95739.88	174101.36
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	25.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	95739.88	174126.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	95739.88	174126.36

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	1526.05	13160.43	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	1526.05	13160.43	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	150000.00	
24. Independent Expenditure (use Schedule E)	0.00	3900.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	50.00	1162.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	50.00	1162.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	10076.05	168222.43	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10076.05	168222.43	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	95739.88	174101.36
34. Total Contribution Refunds (from Line 28(d))	50.00	1162.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	95689.88	172939.36
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1526.05	13160.43
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1526.05	13160.43

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Thomas Aaberg, Jr.

Mailing Address 2081 Hunters Run NE

City

Ada

State

MI

Zip Code

49301-9559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: B42E2A3B-2164-4951-

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ahmed Abdelsalam

Mailing Address 1 E Wacker Dr
Ste 3150

City

Chicago

State

IL

Zip Code

60601-1910

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: 4474BABFB3A6964A1292

Amount of Each Receipt this Period

83.34

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Patrick Aiello

Mailing Address 275 W 28th St
Attn: Marlene

City

Yuma

State

AZ

Zip Code

85364-7308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 1 1

Transaction ID: 414E9C6046167C65A97B

Amount of Each Receipt this Period

83.34

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

666.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Chris Albanis

Mailing Address 2041 W Moffat St

City

Chicago

State

IL

Zip Code

60647-5516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: 500ECD0-A60E-43F5-

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Matthew Appenzeller

Mailing Address 1016 Kirkpatrick Rd

City

Burlington

State

NC

Zip Code

27215-9714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: B07A408E-92C9-4FE1-

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Emilio Arce-Lopez

Mailing Address 150 Ave De Diego
Ste 502

City

San Juan

State

Se

Zip Code

00907-2318

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 1

Transaction ID: D345B7E6A2760289727

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Katherine Baltz

Mailing Address 5 Saint Vincent Cir
Ste 101

City State Zip Code
Little Rock AR 72205-5415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: 4CC56DF1-8E22-4B06-

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Laurie Gray Barber

Mailing Address 4301 W Markham St
Uams, Lot 523

City State Zip Code
Little Rock AR 72205-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: 7466ED3D8D6D1BC774C

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Charles Barr

Mailing Address 301 E Muhammad Ali Blvd

City State Zip Code
Louisville KY 40202-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: 6B25CC04-6583-440D-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

George Bartley

Mailing Address 200 1st St SW

City

Rochester

State

MN

Zip Code

55905-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: 51D0745D75752090CA7

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

J. Chandler Berg

Mailing Address 2709 Meredyth Dr
Ste 110

City

Albany

State

GA

Zip Code

31707-0201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 1

Transaction ID: 0CD1CD66A1E08C40EA2

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Evan Black

Mailing Address 4717 Saint Antoine St

City

Detroit

State

MI

Zip Code

48201-1423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: 0668F407-2D0D-401D-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

David Bogorad

Mailing Address 1120 15th St

City

Augusta

State

GA

Zip Code

30912-0004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.68

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 1 1

Transaction ID: 49729482E41EE3579D7F

Amount of Each Receipt this Period

41.67

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Michael Brennan

Mailing Address 1016 Kirkpatrick Rd

City

Burlington

State

NC

Zip Code

27215-9714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: 2FB0CA3C-BCD7-4A85-

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

William Bridges, Jr.

Mailing Address 21 Medical Park Dr

City

Asheville

State

NC

Zip Code

28803-2493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: 48A09085F4F6CD5A1DDE

Amount of Each Receipt this Period

83.34

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

490.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

James Brown, III

Mailing Address PO Box 1368

City

Starkville

State

MS

Zip Code

39760-1368

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: 2C8C29286A01DA1CB58

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Dawn Buckingham

Mailing Address 5011 Burnet Rd

City

Austin

State

TX

Zip Code

78756-2611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: 9B36EF5F6A1E2804F87

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Charles Campbell

Mailing Address 5540 Saratoga Blvd
Ste 200

City

Corpus Christi

State

TX

Zip Code

78413-2953

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: 4D78B172A8AB4516000E

Amount of Each Receipt this Period

83.34

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

1448.34

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Keith Carter

Mailing Address 200 Hawkins Dr

City

Iowa City

State

IA

Zip Code

52242-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	1	1

Transaction ID: 446C85FA899142E91C9C

Amount of Each Receipt this Period

83.34

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED**B.**

Full Name (Last, First, Middle Initial)

Jack Mabry Chapman

Mailing Address 2061 Beverly Rd

City

Gainesville

State

GA

Zip Code

30501-2034

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	1

Transaction ID: 4D59B4F2BADC7D58A220

Amount of Each Receipt this Period

83.33

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED**C.**

Full Name (Last, First, Middle Initial)

Kenneth Paul Cheng

Mailing Address 1000 Stonewood Dr
Ste 310

City

Wexford

State

PA

Zip Code

15090-8386

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	1

Transaction ID: 188BB9AF-D92F-4C7F-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1166.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Donald Cinotti

Mailing Address 600 Pavonia Ave
Ste 6

City State Zip Code
Jersey City NJ 07306-2932

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: 4A6AABFC2FA8EABF237C

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

S. William Clark

Mailing Address 502 Isabella St

City State Zip Code
Waycross GA 31501-3638

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 1 1

Transaction ID: 4B499C85DF1EF8BA703B

Amount of Each Receipt this Period

416.66

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

William Clifford

Mailing Address 310 E Walnut St
Ste 101

City State Zip Code
Garden City KS 67846-5560

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 1

Transaction ID: AE705456667C23430B0

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1516.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Kimberly Cockerham

Mailing Address 762 Altos Oaks Dr
Ste 2

City State Zip Code
Los Altos CA 94024-5435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: E2691621-7630-42FD-

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mary Louise Collins

Mailing Address 6569 N Charles St
Ste 505

City State Zip Code
Baltimore MD 21204-5809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: 9D0BF063-F1A9-4A53-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Robert Copeland

Mailing Address 2041 Georgia Ave NW
Towers 2100

City State Zip Code
Washington DC 20060-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: 4934DDC3B61F9267ACC

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

James Croley, III

Mailing Address 613 Del Prado Blvd S

City

Cape Coral

State

FL

Zip Code

33990-2611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	1

Transaction ID: 3E0D48D0-2ED4-4831-

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

John Dagianis

Mailing Address 5 Coliseum Ave

City

Nashua

State

NH

Zip Code

03063-3206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	1

Transaction ID: F92C6ACF-24CF-44FF-

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Richard DeLuca

Mailing Address 27 Union Sq W
Ste 303

City

New York

State

NY

Zip Code

10003-3305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	1

Transaction ID: 640022030EC7595A04F

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

2365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Anna Luisa Di Lorenzo

Mailing Address 2877 Crooks Rd
Ste B

City State Zip Code
Troy MI 48084-4717

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: 3CA76CD9-07EE-457C-

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Anna Luisa Di Lorenzo

Mailing Address 2877 Crooks Rd
Ste B

City State Zip Code
Troy MI 48084-4717

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: B55F94B5-D4A2-4589-

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Jane Edmond

Mailing Address 6610 Auden St

City State Zip Code
Houston TX 77005-4304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: 6D5B2064-AF6E-408E-

Amount of Each Receipt this Period

800.00

SUBTOTAL of Receipts This Page (optional)

3800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

George Ellis, Jr.

Mailing Address 200 Henry Clay Ave

City

New Orleans

State

LA

Zip Code

70118-5720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	6	/	2	0	1	1

Transaction ID: 8D1DFFEB-0B55-4504-

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Paul Fecko

Mailing Address 195 W Brown St

City

Birmingham

State

MI

Zip Code

48009-6018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	8	/	2	0	1	1

Transaction ID: 312D46187A54CA701E6

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Laura Fox

Mailing Address 416 N Bedford Dr
Ste 300

City

Beverly Hills

State

CA

Zip Code

90210-4309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	6	/	2	0	1	1

Transaction ID: EC5DE8B1-BB0A-428A-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Raul Franceschi

Mailing Address 29 Calle Washington
Ste 707

City State Zip Code
San Juan Se 00907-1503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: BB657BE28C17D6E8C10

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Edgar Gamponia

Mailing Address 1255 Pineview Dr

City State Zip Code
Morgantown WV 26505-2738

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: C3249501ED5026EFB2E

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ravi Goel

Mailing Address 741 Marlton Pike W

City State Zip Code
Cherry Hill NJ 08002-3527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 1

Transaction ID: EC9EA0083654C54305D

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Sanjay Goel

Mailing Address 5824 Wild Orange Gate

City

Clarksville

State

MD

Zip Code

21029-1656

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: 03D72489-2AB2-4F31-

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Michael Goldstein

Mailing Address 750 Washington St
450

City

Boston

State

MA

Zip Code

02111-1526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 1

Transaction ID: A6D8BF07A4CCCDF8E05

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Victor Gonzalez

Mailing Address 1309 E Ridge Rd
Ste 1

City

McAllen

State

TX

Zip Code

78503-1518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: 4DDDA8E3-E39D-478D-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

John Douglas Goosey

Mailing Address 6545 Rutgers Ave

City

Houston

State

TX

Zip Code

77005-3850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	1

Transaction ID: 4F7B96E88BE38D1CC9E3

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED**B.**

Full Name (Last, First, Middle Initial)

Lynn Gordon

Mailing Address 100 Stein Plz

City

Los Angeles

State

CA

Zip Code

90095-7065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	1

Transaction ID: EBC6EE3C-18BC-4562-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Thomas Gaul

Mailing Address 1710 S 70th St

City

Lincoln

State

NE

Zip Code

68506-1676

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	1

Transaction ID: C2E03D7F-0248-41CA-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Elizabeth Groves

Mailing Address 1931 Brown St

City

Anderson

State

IN

Zip Code

46016-4206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 1

Transaction ID: B7ABD869-7F00-4576-

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey Heier

Mailing Address 50 Staniford St
Ste 600

City

Boston

State

MA

Zip Code

02114-2539

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 1

Transaction ID: 75F42BC21322D54659C

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Kurt Frederick Heitman

Mailing Address 104 Simpson St

City

Greenville

State

SC

Zip Code

29605-4413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 1 1

Transaction ID: BBA646DA-6DFA-4CE8-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Morriss Henry

Mailing Address 22 W Colt Square Dr
Henry Eye Clinic

City State Zip Code
Fayetteville AR 72703-2813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 1

Transaction ID: 992C462F333951CE421

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dale Heuer

Mailing Address 925 N 87th St
the Eye Institute

City State Zip Code
Milwaukee WI 53226-4812

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 1 1

Transaction ID: 36342E27-2AE4-4047-

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Gary Hirshfield

Mailing Address 17660 Union Tpke
Ste 110

City State Zip Code
Fresh Meadows NY 11366-1531

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 1

Transaction ID: 56EBBAA8AC286EF30E2

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Michael Hodges

Mailing Address 4577 Brumley Rd

City

Newburgh

State

IN

Zip Code

47630-9620

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: 849CC670-F7F8-40EC-

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Eliza Hoskins

Mailing Address 17 Normandy Ln

City

Orinda

State

CA

Zip Code

94563-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: 11F369E8-FE66-4872-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mark Hughes

Mailing Address 3 Woodland Rd
Ste 210

City

Stoneham

State

MA

Zip Code

02180-1711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 1

Transaction ID: 4B6EB468F0E4864AE943

Amount of Each Receipt this Period

416.66

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

1916.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Roger Husted

Mailing Address 500 Aaron Ct

City

Kingston

State

NY

Zip Code

12401-2966

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: A0B53AE8-5C5D-492E-

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

B. Hutchinson

Mailing Address 50 Staniford St
Ste 600

City

Boston

State

MA

Zip Code

02114-2539

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: D63D12D4-311D-4251-

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

David Ingvaldstad

Mailing Address 1340 S 90th St

City

Omaha

State

NE

Zip Code

68124-1204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: 4CD973C3-03C4-4339-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Andrew Iwach

Mailing Address 55 Stevenson St

City

San Francisco

State

CA

Zip Code

94105-2936

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: B276A08EF6224739117

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Johanna Jensen

Mailing Address 1615 12th Ave Rd
Ste A

City

Nampa

State

ID

Zip Code

83686-6184

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: 0503A1A1-B971-4B3F-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Peter Jensen

Mailing Address 1615 12th Ave Rd
Ste A

City

Nampa

State

ID

Zip Code

83686-6184

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: C2B51F6F-C553-4502-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Jeff Johnson

Mailing Address 1903 Broadway St

City

Paducah

State

KY

Zip Code

42001-7105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 1

Transaction ID: 3B4676EB1870A38A1A0

Amount of Each Receipt this Period

1200.00

B.

Full Name (Last, First, Middle Initial)

Randolph Johnston

Mailing Address 1300 E 20th St

City

Cheyenne

State

WY

Zip Code

82001-4021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 1

Transaction ID: 4D7DB72F7375F2BC7481

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

David Jones

Mailing Address 2845 Farrell Cres

City

Owensboro

State

KY

Zip Code

42303-1393

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: 28509836-E98B-4479-

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Peter Kaiser

Mailing Address 9500 Euclid Ave
Cole Eye Instit Desk I3

City Cleveland State OH Zip Code 44195-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: 206EFAE9-89D1-4315-

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Keith Kellum

Mailing Address 446 Corporate Dr

City Houma State LA Zip Code 70360-2461

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: CC23D4B8-8385-4DEF-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Wonsuck Kim

Mailing Address 646 Cox Creek Pkwy
Ste A

City Florence State AL Zip Code 35630-1189

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: CC1B3611-4327-4F95-

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

James Klein

Mailing Address 21711 Greater Mack Ave

City

Saint Clair Shores

State

MI

Zip Code

48080-2418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	1

Transaction ID: 43E78DCA565981BC6F69

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED**B.**

Full Name (Last, First, Middle Initial)

Paul Langer

Mailing Address 90 Bergen St
Fl 6

City

Newark

State

NJ

Zip Code

07103-2425

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	1

Transaction ID: F020CC748BBE189FA2A

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Roger H. Langston

Mailing Address 9500 Euclid Ave
Cleveland Clinic

City

Cleveland

State

OH

Zip Code

44195-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	1

Transaction ID: 8A686EEDFA9CB9646F6

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

830.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Andrew Lee

Mailing Address 6560 Fannin St
Scurlock 450, Dept of

City State Zip Code
Houston TX 77030-2731

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: 95A27D27-15D0-40D8-

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Richard Lee

Mailing Address 491 30th St
Ste 201

City State Zip Code
Oakland CA 94609-3235

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: 53C3BA6C-5AAC-4389-

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

David Lehmann

Mailing Address 262 Neil Ave
Ophthalmic Sugeons and Consultants

City State Zip Code
Columbus OH 43215-7309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: 7E76D85F-59E6-47DD-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Leah Levi

Mailing Address Ucsd Department of Ophth
Shiley Eye Center 0946

City State Zip Code
La Jolla CA 92093-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 1

Transaction ID: 31105A4CFCCFBF960BB

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Eric Lichtenstein

Mailing Address 19213 Union Tpke

City State Zip Code
Fresh Meadows NY 11366-1865

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 1

Transaction ID: FC7CFA48-ACA0-4BE5-

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Thomas Liesegang

Mailing Address 24517 Deer Trace Dr

City State Zip Code
Ponte Vedra FL 32082-2113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 1 1

Transaction ID: 380D803D-8E22-42B1-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Edward Lim

Mailing Address 144 N Main St

City

Branford

State

CT

Zip Code

06405-3044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	1

Transaction ID: 8B5D3BD3-3256-48FD-

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Scott Limstrom

Mailing Address 10228 Stewart Dr

City

Eagle River

State

AK

Zip Code

99577-9509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	1

Transaction ID: 2702DC44658AB9BF466

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Robert Lytle

Mailing Address 51 Main St
Ste 5

City

Hyannis

State

MA

Zip Code

02601-3109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	1

Transaction ID: E66D30C9-0347-4A96-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Robert Lytle

Mailing Address 51 Main St
Ste 5

City State Zip Code
Hyannis MA 02601-3109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: F08F7F57-DED3-4ECB-

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Robert Lytle

Mailing Address 51 Main St
Ste 5

City State Zip Code
Hyannis MA 02601-3109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: 4BC6A828-474D-43A0-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mathew Maccumber

Mailing Address 2800 N Sheridan Rd
Ste 200

City State Zip Code
Chicago IL 60657-6160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: 07DF7A2A-6CB4-4A1C-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Stephen Magie

Mailing Address 924 Main St

City

Conway

State

AR

Zip Code

72032-5424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	1

Transaction ID: 21B9562E-F0AC-4BA7-

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Masud Malik

Mailing Address 3865 N Mulford Rd

City

Rockford

State

IL

Zip Code

61114-5603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	1	1

Transaction ID: 4DB18B6D757D9538FD0F

Amount of Each Receipt this Period

83.34

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED**C.**

Full Name (Last, First, Middle Initial)

Jeff Maltzman

Mailing Address 5599 N Oracle Rd

City

Tucson

State

AZ

Zip Code

85704-3821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	1

Transaction ID: B7911C36-CFEA-415E-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2083.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Jeff Maltzman

Mailing Address 5599 N Oracle Rd

City

Tucson

State

AZ

Zip Code

85704-3821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: 3967CF3AC4DA7D6A3AD

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Linn Mangano

Mailing Address 200 Exchange St
Unit 1113

City

Providence

State

RI

Zip Code

02903-2624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 1

Transaction ID: 3163B3F70A68A807060

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mark Christophe Maria

Mailing Address 150 Quail Ln

City

Lebanon

State

PA

Zip Code

17042-9403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: 9F8705E143BD821C9C3

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Stephanie Jones Marioneaux

Mailing Address 1013 Eden Way N
Ste D

City State Zip Code
Chesapeake VA 23320-2792

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: FCE2B9FC-B423-47FE-

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Cynthia Mattox

Mailing Address 800 Washington St
New England Eye Center, # 450

City State Zip Code
Boston MA 02111-1552

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 1

Transaction ID: 3FDD792D-6D76-4DEE-

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Lynn McMahan

Mailing Address 1420 S 28th Ave

City State Zip Code
Hattiesburg MS 39402-3107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: E033D3C5-CDA9-4387-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Thomas McPhee

Mailing Address 8320 E Aster Dr

City

Scottsdale

State

AZ

Zip Code

85260-5236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 1

Transaction ID: 20C020D7CE65D3845FB

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Robert Melendez

Mailing Address 735 Grey Hawk Dr NE

City

Rio Rancho

State

NM

Zip Code

87144-4709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: 7CA5B6E6-11F3-4B97-

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

James Merritt

Mailing Address 8230 Walnut Hill Ln
Ste 508

City

Dallas

State

TX

Zip Code

75231-4400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: 896F191090506D50F45

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Shahzad Mian

Mailing Address 1000 Wall St

City

Ann Arbor

State

MI

Zip Code

48105-1912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 1

Transaction ID: CAD47B54DCAF04B6C55

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Alan Mindlin

Mailing Address 1750 S Telegraph Rd
Ste 303

City

Bloomfield Hills

State

MI

Zip Code

48302-0179

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: BE622A56-B376-450C-

Amount of Each Receipt this Period

360.00

C.

Full Name (Last, First, Middle Initial)

Amalia Miranda

Mailing Address 3435 NW 56th St
Building A # 700

City

Oklahoma City

State

OK

Zip Code

73112-4448

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 1

Transaction ID: 4F4D9AA5610F02EBD14F

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

710.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Thomas Moore

Mailing Address 214 E Monterey Way

City

Phoenix

State

AZ

Zip Code

85012-2620

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: 04897ED7-806B-4FA1-

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Basil Morgan

Mailing Address 4324 York Rd
Ste 100

City

Baltimore

State

MD

Zip Code

21212-4800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: 783A97D785E3BF64BC4

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Asa Dan Morton, III

Mailing Address 3606 Jennings St

City

San Diego

State

CA

Zip Code

92106-2847

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: 1885D1E2-2EB3-4D15-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Susan Mosier

Mailing Address 2900 Amherst Ave
Ste B

City	State	Zip Code
Manhattan	KS	66503-3050

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	1	1

Transaction ID: BDDDB8CCF6436D9B94CD

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Kenneth Musson

Mailing Address 929 Business Park Dr

City	State	Zip Code
Traverse City	MI	49686-8683

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	7	/	2	0	1	1

Transaction ID: F82707CE-DA3A-4B9A-

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

George Nardin

Mailing Address 407 Uluniu St
Ste 214

City	State	Zip Code
Kailua	HI	96734-2537

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	1	1

Transaction ID: FEAC7CAA1CF07610737

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Peter Nussbaum

Mailing Address 22 Old Short Hills Rd
Ste 104City State Zip Code
Livingston NJ 07039-5605FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	8	/	2	0	1	1

Transaction ID: 3CD1AAE177D9B8E0BE2

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Kelly Patrick O'Neill

Mailing Address 563 Wessel Dr

City State Zip Code
Fairfield OH 45014-3668FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	1	1

Transaction ID: 44A6853751635F9ED1D5

Amount of Each Receipt this Period

83.34

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED**C.**

Full Name (Last, First, Middle Initial)

Paul Olson

Mailing Address 1055 N 300 W
Ste 204City State Zip Code
Provo UT 84604-3374FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	0	/	2	0	1	1

Transaction ID: 466B838FA28B263B3076

Amount of Each Receipt this Period

208.34

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

791.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Brenda Pagan-Duran

Mailing Address 45 Twin Brooks Rd

City

Saddle River

State

NJ

Zip Code

07458-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: 98B9AFE803B70A93C52

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

David Pao

Mailing Address 1609 Woodbourne Rd
Ste 303

City

Levittown

State

PA

Zip Code

19057-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: BA3BBD51-4ACC-4D5D-

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Ram Peddada

Mailing Address 307 S Jackson St

City

Casper

State

WY

Zip Code

82601-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: 8B47E13E-3BED-4145-

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Ron Pelton

Mailing Address 455 E Pikes Peak Ave
Ste 309

City	State	Zip Code
Colorado Springs	CO	80903-3674

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	1

Transaction ID: 8E3AD4CE-7192-44E7-

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Julie Perry

Mailing Address 999 Adams St
Ste 200

City	State	Zip Code
Saint Helena	CA	94574-1171

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	1	1

Transaction ID: 4A34AFC222436BF970AC

Amount of Each Receipt this Period

83.33

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED**C.**

Full Name (Last, First, Middle Initial)

John Peters

Mailing Address 7802 Davenport St

City	State	Zip Code
Omaha	NE	68114-3629

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	1

Transaction ID: 4D1A576A3F3AE2E4623

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

948.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Lawrence Piazza

Mailing Address PO Box 1539

City

Blue Hill

State

ME

Zip Code

04614-1539

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 1

Transaction ID: 454EB531EC42E8E3EE6

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Andrew Prince

Mailing Address 178 E 71st St

City

New York

State

NY

Zip Code

10021-5131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: 61686B97-95E2-41B4-

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Jean Ramsey

Mailing Address 850 Harrison Ave
Fl 2

City

Boston

State

MA

Zip Code

02118-4001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 1

Transaction ID: 9D0607D32B6219824CA

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Ann Ranelle

Mailing Address 119 Hidden Lake Ranch Rd

City

Aledo

State

TX

Zip Code

76008-4526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 1

Transaction ID: 7A9DF5FD8C1B224F934

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Kristin Reidy

Mailing Address 1909 Proctor Ct

City

Santa Fe

State

NM

Zip Code

87505-4535

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 1 1

Transaction ID: 9738D732-DB63-45EA-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Rachel Reinhardt

Mailing Address 4129 Palatine Ave N

City

Seattle

State

WA

Zip Code

98103-7025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: 7E096724-CD3E-495E-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

David Richardson

Mailing Address 207 S Santa Anita Ave
Ste P25

City State Zip Code
San Gabriel CA 91776-1145

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1268.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 1

Transaction ID: 44A0A09017376D6346A0

Amount of Each Receipt this Period

317.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

David Ringel

Mailing Address 101A Kings Way W

City State Zip Code
Sewell NJ 08080-2233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 1

Transaction ID: 3EBB95F46F7CE0E5C7D

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Philip Rizzuto

Mailing Address 120 Dudley St
Ste 301

City State Zip Code
Providence RI 02905-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: 6C78DB0F-7504-4185-

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1182.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Barry Roper

Mailing Address 14837 Felbridge Way

City

Midlothian

State

VA

Zip Code

23113-6715

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	1

Transaction ID: E15EF63B9125BDDF0C2

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey Sandler

Mailing Address 4699 Main St
Ste 106

City

Bridgeport

State

CT

Zip Code

06606-1830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	1

Transaction ID: 22416E31-E09F-4F28-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Gary Schemmer

Mailing Address 215 1st St N
Ste 200

City

Winter Haven

State

FL

Zip Code

33881-4507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	1	1

Transaction ID: AB91920C-0CB8-45F4-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Kevin Scott

Mailing Address 3700 Joseph Siewick Dr
Ste 400

City State Zip Code
Fairfax VA 22033-1745

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 1 1

Transaction ID: 29A6D7F8-150F-483A-

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Daniel Shapiro

Mailing Address 90 S Bedford Rd

City State Zip Code
Mount Kisco NY 10549-3412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 1

Transaction ID: 2A11F7CF-605B-42E1-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Richard Shugarman

Mailing Address 400 N Flagler Dr
Apt 1001

City State Zip Code
West Palm Beach FL 33401-4302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: 5B8E993A-B447-4B46-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

David Shulman

Mailing Address 999 E Basse Rd
Ste 127

City	State	Zip Code
San Antonio	TX	78209-1802

FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	1	1

Transaction ID: 481FA67DDD0D54359D00

Amount of Each Receipt this Period

83.34

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED**B.**

Full Name (Last, First, Middle Initial)

Gregory Skuta

Mailing Address 14008 Plymouth Xing

City	State	Zip Code
Edmond	OK	73013-7046

FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	1

Transaction ID: 0521E89BD1EA05D5928

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Brian Smith

Mailing Address 138 W Avon Pkwy

City	State	Zip Code
Asheville	NC	28804-1410

FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	1	1

Transaction ID: 03093789-216C-466F-

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1433.34

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Scott So

Mailing Address 2100 Webster St
Ste 214

City	State	Zip Code
San Francisco	CA	94115-2375

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	9	/	2	0	1	1

Transaction ID: 490A837990FA5710B013

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED**B.**

Full Name (Last, First, Middle Initial)

Robert Spurny

Mailing Address 1440 S Country Club Dr
Ste 24

City	State	Zip Code
Mesa	AZ	85210-9704

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	6	/	2	0	1	1

Transaction ID: 23F85A9A-1090-4404-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

John Stabile

Mailing Address 111 Dean Dr

City	State	Zip Code
Tenafly	NJ	07670-2764

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	7	/	2	0	1	1

Transaction ID: 54F7A8F7-83D8-4644-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

John Stechschulte

Mailing Address 262 Neil Ave
Ste 320City State Zip Code
Columbus OH 43215-7311FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	1	1

Transaction ID: 6D8D2A4D73B087BB0E0

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Paul Sternberg

Mailing Address 2311 Pierce Ave

City State Zip Code
Nashville TN 37232-0025FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	7	/	2	0	1	1

Transaction ID: 5616E441-54C7-45CC-

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Gwen Sterns

Mailing Address 1425 Portland Ave

City State Zip Code
Rochester NY 14621-3001FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	3	/	2	0	1	1

Transaction ID: 51B73E58-C44B-4BEE-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Michael Stewart

Mailing Address 4500 San Pablo Rd S
Mayo Clinic

City State Zip Code
Jacksonville FL 32224-1865

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 1

Transaction ID: 7579851907A03B4F457

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Regina Sun

Mailing Address 1919 Vassar St
Apt B

City State Zip Code
Houston TX 77098-5454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 1 1

Transaction ID: 42D089F7959BEC337866

Amount of Each Receipt this Period

83.34

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Vincent Sutton

Mailing Address PO Box 6068

City State Zip Code
Lincoln NE 68506-0068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 1

Transaction ID: 51DBA313A5AD79E7D52

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

833.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Steven Swedberg

Mailing Address 21827 76th Ave W
Ste 102

City State Zip Code
Edmonds WA 98026-7981

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 1 1

Transaction ID: 49BEA5DF34D15B232576

Amount of Each Receipt this Period

83.34

BATCH TOOL RECURRING PAYM-
ENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Andrew Tharp

Mailing Address 4233 Gateway Blvd

City State Zip Code
Newburgh IN 47630-8900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: A7AE6263-6141-43E8-

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

John Thompson

Mailing Address 6569 N Charles St
Ste 605

City State Zip Code
Baltimore MD 21204-6833

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: C885B22414AB1313D58

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

948.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Trexler Topping

Mailing Address 50 Staniford St
Ste 600

City State Zip Code
Boston MA 02114-2539

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: D69F021E-B1F2-4126-

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Ira Udell

Mailing Address 600 Northern Blvd
Ste 214

City State Zip Code
Great Neck NY 11021-5200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: 987934EC-AD03-472E-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Woodford Van Meter

Mailing Address 1760 Nicholasville Rd
Ste 203

City State Zip Code
Lexington KY 40503-1472

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: E8C8EEDD-982E-4CB9-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Alan Wagner

Mailing Address 968 First Colonial Rd
Ste 105City State Zip Code
Virginia Beach VA 23454-3171FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	1	1

Transaction ID: F55369A12FEAF020630

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Ann Warn

Mailing Address 3201 W Gore Blvd
Ste 200City State Zip Code
Lawton OK 73505-6350FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	8	/	2	0	1	1

Transaction ID: 04D3CBCB6F63ADE04B6

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Charles Wesley

Mailing Address 18051 River Ave
Ste 101City State Zip Code
Noblesville IN 46062-7093FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	1	/	2	0	1	1

Transaction ID: 711D6DD4-1588-482F-

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

2865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Peter Whitted

Mailing Address 4353 Dodge St

City

Omaha

State

NE

Zip Code

68131-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: EFAB05A4-3837-463E-

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Craig Wilkerson

Mailing Address 301 Saddle Dr
Ste 5

City

Helena

State

MT

Zip Code

59601-8026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 8 / 2 0 1 1

Transaction ID: 3042F403-1143-4E70-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

George Williams

Mailing Address 3535 W 13 Mile Rd
111Mobro555

City

Royal Oak

State

MI

Zip Code

48073-6770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: BF0BCE40-7EA5-422F-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Ruth Williams

Mailing Address 2015 N Main St

City

Wheaton

State

IL

Zip Code

60187-3152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: AB1AD19D-9F05-42F9-

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Charles Zacks

Mailing Address 15 Lowell St
Fl 2

City

Portland

State

ME

Zip Code

04102-2726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 1

Transaction ID: FF00E0E3-47F9-40CF-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Carol Ziel

Mailing Address 2025 Frontis Plaza Blvd
Ste 100

City

Winston Salem

State

NC

Zip Code

27103-5663

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 0 / 2 0 1 1

Transaction ID: 43FE8646CC2A5D209A2D

Amount of Each Receipt this Period

41.67

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

1541.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Carol Ziel

Mailing Address 2025 Frontis Plaza Blvd
Ste 100

City State Zip Code
Winston Salem NC 27103-5663

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 1 1

Transaction ID: 4991A293EEA7841D8560

Amount of Each Receipt this Period

41.67

BATCH TOOL RECURRING PAYMENT
APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Raymond Zimmerman

Mailing Address 3330 N 2nd St
Ste 600

City State Zip Code
Phoenix AZ 85012-2395

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: 3A70D2F0-6C85-4CA0-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

541.67

TOTAL This Period (last page this line number only)

85678.73

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 / 60

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City
San FranciscoState
CAZip Code
94163Purpose of Disbursement
AMEX discount - Apr 2011

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 20B3AC1847A8FD67360

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	1

Amount of Each Disbursement this Period

1093.84

B.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City
San FranciscoState
CAZip Code
94163Purpose of Disbursement
Bank charges - Apr 2011

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 740489AA2F1C7D4BB7A

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	1

Amount of Each Disbursement this Period

432.21

SUBTOTAL of Disbursements This Page (optional) ►

1526.05

TOTAL This Period (last page this line number only) ►

1526.05

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 59 / 60

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Friends of Jack Kingston	Transaction ID: 72818-4781152606010 Date of Disbursement																				
Mailing Address PO Box 2133	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	0		2	0	1	1												
City Savannah State GA Zip Code 31402	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution 2012 PRIMARY	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Jack Kingston	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Larson for Congress	Transaction ID: 10091-0463678240776 Date of Disbursement																				
Mailing Address PO Box 479	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	4		2	0	1	1												
City Glastonbury State CT Zip Code 06033	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution 2012 General	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name John B. Larson	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Wally Herger for Congress Committee	Transaction ID: 98867-9178888201713 Date of Disbursement																				
Mailing Address PO Box 1007	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	3		2	0	1	1												
City Willows State CA Zip Code 95988	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution 2012 Primary	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Walter Herger, Jr.	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Robert Behar

Mailing Address 2610 E Allegheny Ave

City
PhiladelphiaState
PAZip Code
19134-5104Purpose of Disbursement
Refund of Feb 2011 contribution received

Candidate Name

010

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 3F2BA9BF4E9A7E5BEFF

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	5	/	2	0	1	1

Amount of Each Disbursement this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Robert Behar

Mailing Address 2610 E Allegheny Ave

City
PhiladelphiaState
PAZip Code
19134-5104Purpose of Disbursement
Refund of Mar 2011 contribution received

Candidate Name

010

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 7B5D56FD854488B5F5B

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	5	/	2	0	1	1

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)

50.00

TOTAL This Period (last page this line number only)

50.00